

# APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	PROCESS FOR PRODUCING CYCLOHEXENONE LONG-CHAIN ALCOHOLS
Attorney Docket Number::	278237US0PCT

## INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	France
Status::	FULL CAPACITY
Given Name::	Bang
Family Name::	LUU
City of Residence::	Strasbourg
Country of Residence::	France
Street of Mailing Address::	c/o CNRS, Universite Louis Pasteur, Centre De Neurochimie, 5, Rue Blaise Pascal
City of Mailing Address::	Strasbourg
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-67070
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	France
Status::	FULL CAPACITY
Given Name::	Patrick
Family Name::	NEUBERG
City of Residence::	Strasbourg
Country of Residence::	France
Street of Mailing Address::	c/o CNRS, Universite Louis Pasteur, Centre De Neurochimie, 5, Rue Blaise Pascal
City of Mailing Address::	Strasbourg
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-67070

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	France
Status::	FULL CAPACITY
Given Name::	Delphine
Family Name::	TRANCARD
City of Residence::	Strasbourg
Country of Residence::	France
Street of Mailing Address::	c/o CNRS, Universite Louis Pasteur, Centre De Neurochimie, 5, Rue Blaise Pascal
City of Mailing Address::	Strasbourg
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-67070
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Masashi
Family Name::	YAMADA
City of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Meiji Dairies Corporation, Pharmaceuticals Department, 2-10, Shin- Suna 1-chome, Koto-ku
City of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	136-8908
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Yukio
Family Name::	OHSHIBA
City of Residence::	Odawara-shi
State or Province of Residence::	Kanagawa
Country of Residence::	Japan
Street of Mailing Address::	c/o Meiji Dairies Corporation, Pharmaceuticals Department, 540, Naruda
City of Mailing Address::	Odawara-shi
State or Province of Mailing Address::	Kanagawa
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	250-0862

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: Japan  
 Status:: FULL CAPACITY  
 Given Name:: Hiroto  
 Family Name:: SUZUKI  
 City of Residence:: Tokyo  
 Country of Residence:: Japan  
 Street of Mailing Address:: c/o Meiji Dairies Corporation,  
 Pharmaceuticals Department, 2-10, Shin-  
 Suna 1-chome, Koto-ku  
 City of Mailing Address:: Tokyo  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address:: 136-8908

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/03994	03/28/03

#### FOREIGN PRIORITY INFORMATION

#### ASSIGNMENT INFORMATION

Assignee Name:: Meiji Dairies Corporation  
 Street of Mailing Address:: 2-10, Shin-Suna 1-chome, Koto-ku  
 City of Mailing Address:: Tokyo  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address:: 136-8908